

COPY OF PAPERS ORIGINALLY FILED

Attorney Docket No.: PALM-3688

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE								
Date of Deposit:	this transmittal of the below described document is Postage and addressed to the U.S. Patent and Trad 1/02 Name of Person Making the Deposit: KATHERINE R		States Postal Service in an envelope 20231, on the below date of deposit.					
	on of: Shawn R. Getterny		RECEIVED					
Serial No.: 09/991,467		Examiner:	APR 1 8 2002					
Filed: 11/20/0	1	Art Unit:	^{Tachnology} Center 2600					
For: ENTERING DISPLAY TR	NG AND EXITING POWER MODES A IGGERED BY ELECTRONIC MUSCLE	ND ACTIVATING HAND MATERIAL (AS AMEN	WRITING PRESENTATION					
	ommissioner for Patents , D.C. 20231							
	AMENDI	MENT TRANSMITTAL						
1. Trans	mitted herewith is an amendment for t	this application						
Transmit Other:	ted herewith is a response to an office sheets) ted herewith are sheets of cant is other than a small entity	e action for the above luc						
2. Applicant is other than a small entity Extension of Term								
3. The p	proceedings herein are for a patent ap	oplication and the provisi	ons of 37 C.F.R. 1.136 apply.					
(a) []	Applicant petitions for an extensio (fees: 37 C.F.R. 1.17(a)-(d) for the	n of time under 37 C.F.F e total number of months	R. 1.136 checked below:)					
	Extension [] one month [] two months [] three months [] four months	<u>Fee</u> \$110.00 \$400.00 \$920.00 \$1,960.00						
		Fee \$						
If an addition	nal extension of time is required, pleas							
(b) [X]	Applicant believes that no extension being made to provide for the posted for a petition for extension of	ssibility that applicant ha	However, this conditional petition is s inadvertently overlooked the					

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)							
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total		
Total Claims	32	- 32 =	0	x \$18.00	\$0.00		
Independent Claims	3	- 3 =	0	x \$80.00	\$0.00		
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)							
Total Fees							

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$\frac{\xi}{2}\$
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date: 1/28/2002

Anthony C. Murabito Reg. No. 35,295